

**NUBC Meeting Summary
February 12 & 13, 2001
Baltimore, Maryland**

Coding Requests:

- HCFA requested use of existing Type of Bill codes to support reporting a Notice of Admission for a demonstration project. HCFA presented this request to the NUBC to solicit feedback on their intended use of the claim format and UB codes. There were two discussion threads for this request. The first was related to operational issues and the other concerned appropriate use of the standard.
- Operational Discussion – Some providers expressed concern that a single bundled payment would make it difficult for hospitals to manage facility and physician expenses under the terms of such a contract. There was also some discussion about the impact on vendors to build a system that would bypass normal claim format edits. No resolution was reached on these discussion points.
- Standards Issues – Using the 837-claim format for this purpose would represent a non-HIPAA implementation. There was considerable discussion on the fact that this is a non-HIPAA mandated transaction and use of the HIPAA mandated 837 implementation guide may be problematic. A view was expressed that requests such as this be more global in content. These basic questions are critical. What are the data needs? Who also has similar needs? It was suggested that the answers of these questions should be directed to the X12N Modeling group to assist in development of the appropriate standard to support this data need.
- The result was that the NUBC would endorse this specific use of the UB data elements to support this application with the caveat that HCFA report back to the NUBC with the results.

Public Health Note: This discussion was very relevant to ongoing Public Health discussions and initiatives to leverage our data collection systems off of existing standards. It is important that we carefully define our data needs and do a thorough job of researching other interested groups. With the pressure of HIPAA implementation facing the industry, non-HIPAA use of the HIPAA transactions will be a lightning rod for discussion.

As part of a consortium initiative, there was a project proposal presented and approved at the last X12 meeting to write a dedicated 837-implementation guide for use in reporting information supported by the claim standard to regulatory authorities, such as state discharge systems. There will be a separate listserv posting on the specifics of this request.

- Emergency Room (45x) and Clinic (51X) Revenue Codes - The purpose of this request was to provide additional clarification for reporting these revenue codes in the future.
 - Discussion – The basic issue is that unscheduled visits to a hospital can be appropriately treated in either setting, which result in different payment implications.
 - Result - the NUBC will draft a white paper describing this issue and potential clarifications to present to Health Plans. After an internal NUBC review, this document would then be available for general distribution.

Public Health Note: This discussion was very relevant to ongoing Public Health discussions related to several concurrent state initiatives to collect emergency department data. It is our belief adding additional clarification to these definitions would greatly benefit future public health efforts to collect this information.

- Extension of Level III HCPCS. – Benefits Improvements Protection Act (BIPA) -
 - Discussion – This was more of an informational item informing the committee of the small subset of registered level III HCPCS codes, whose “life” was extended by Congress. This is not to be confused with the local codes currently used by state Medicaid agencies. These local codes currently do not conform to the named code sets in the final HIPAA rule and must be replaced by national codes. Sheila Frank and Kurt Hartman described the Medicaid initiative that is seeking to consolidate current local code lists. The purpose of that consolidation effort is to request addition of those codes to the HIPAA designated code set.
- Department of Defense Requested for Attending Physician ID - The purpose of this request was to provide a way to identify military physicians that do not have a UPIN number.
 - Discussion – There was general agreement that this request was reasonable.
 - Result – Comments from state committees were to be solicited for comment before a final vote at the next meeting.

Data Standards Maintenance Organizations & Items for Action

As part of the implementation of the HIPAA legislation a change process was established. The current “players” in that process are the NUBC, NUCC, ADA, ANSI ASC X12, HL7, and NCPDP. Those organizations make up what is called the Data Standards Maintenance Organizations (DSMOs). A Web site has been established (<http://www.hipaa-dsmo.org/>) to submit and monitor formal change requests. The responsibility of each of the DSMOs is to recommend action on each formal change request that it decides is relevant to their business.

As payers and providers begin to implement the HIPAA transactions there has been a flurry of activity to suggest changes to the implementation guides to remedy identified problems. To complicate matters, the developers of the implementation guides at X12 are also finding some issues, which they called errata, with the published guides. Information about the errata can be found at <http://errata.wpc-edi.com/Main.asp>, even though these changes are not formally into the change request system yet.

Fixes to the implementation guides or standards that cause changes to business processes are defined as modifications. Fixes to the implementation guides or standards that do not cause changes to business processes are defined as maintenance. By the end of February the errata that are defined as modifications will be formally submitted to the DSMO process.

Another complicating factor has been the implementation deadlines imposed by the HIPAA final rules, as well as the rolled back dates to make changes to the implementation guides or the standards as specified in the law.

During the NUBC meeting, including the joint session with the NUCC on Tuesday, some of the formally requested DSMO change requests were discussed. Attached is a summary document of these changes currently being processed.

Public Health Note.

Marjorie Greenberg has previously stated- “Working with standards requires one to be eternally vigilant.” We learned those words are prophetic. Some of the DSMO change requests are suggesting that data already in various implementation guides be dropped as supported data elements. None of these requests recommend changes to the standard, but rather the implementation guide; however, it is obvious that we must remain active in the standards process to ensure our data needs continue to be met in the standard in the future.

For example one of the DSMO requests recommends that support for the collection of the newborn birth weight no longer be supported in the professional claim standard guide. We do not see a problem with that request, but we anticipate a future request will recommend newborn birth weight no longer be supported in the institutional claim standard guide. We need to make sure that if we have a need to use that data for institutional discharges the implementation guide we are using supports that data need. We also have to consider whether the data element should be eliminated from the HIPAA implementation guide even if we have our own reporting guide. For the latter, it will be important whether payers (e.g., Medicaid of managed care) have a need for the data element.

IMPORTANT: WE NEED TO STAY INVOLVED. WE NEED TO PAY ATTENTION TO CHANGE REQUESTS BEING MADE. IF WE IDENTIFY PROBLEMS WITH A CHANGE REQUEST, WE NEED TO VOICE OUR OPINION.

If you identify a problem, please contact your friendly NUBC or NUCC Public Health representative (Marjorie Greenberg, Bob Davis, Denise Koo, or Walter Suarez)

We encourage anyone interested to bookmark the DSMO Web site and help us remain forever vigilant.

There was considerable discussion about the following change requests:

- National Drug Code – The NUBC testified before the NCVHS recommending that NDC codes not be the standard for institutional claims. It is expected that NCVHS will recommend this change to the Secretary. NDC would continue as the standards for retail pharmacies. At question, is whether any State Medicaid programs or others have a need to report NDC on either the institutional or professional claim.
- Home Infusion Codes – This change request recommends naming the National Infusion EDI Codes (NIEC) in the standard. The initiators of this request presented their case at the meeting. The general consensus was that more work needed to be done to determine if this code list could be consolidated into already named code sets.
- Line Level Physician Data – This change request recommends removing this requirement from the institutional guide. Medicaid representatives were in the process of determining if any state agencies need line level physician data. They indicated an answer would be available by the end of the month. NUBC voted in a split vote to proceed with a recommendation to approve this request.
- A conference call has been scheduled for March 8 to discuss and act on the remaining DSMO change requests.

Other Issues

- ADA membership request – The American Dental Association requested membership in the NUBC to facilitate collaboration and cooperation between the DSMO organizations. The NUBC voted to accept the ADA, HL7, and NCPDP on an interim basis in a non-voting member status to orient these other DSMO organizations to the issues discussed. Voting privileges would be voted on in the future.
- UB-02 Issues
 - Survey results being tabulated for discussion at future meetings

- Version release issues with medical code sets discussed. A white paper written for the WEDI SNIP will be the basis for a future conference call to determine an appropriate role for the NUBC related to this issue.
- National Medicaid EDI HIPAA (NMEH) Workgroup report – Sheila Frank gave a status of this group. They have made significant progress dealing with the Medicaid local code issue and representing Medicaid business cases on a national level. They have a national conference scheduled for April 24-26.
- The Health Insurance Association of American presented a survey on the reporting patterns for commercial insurance companies. Anyone interested in a copy should contact Bob Davis.
- Implementation of HIPAA Transaction Standards Issues reported by Stanley Nachimson
 - Final Rule for Employer ID, Provider ID, and Security expected within the next 6 months
 - NPRM for Health Plan ID and Enforcement expected within the next 6 months
 - Re-issue of Transactions and Codes rule to include recommended DSMO modifications. February 2002 suggested as a possible date.
 - Working definition of modifications – Causes a change to the business process
 - Working definition of maintenance – Does not cause a change to the business process
 - In response to a question as to whether work should begin now or waiting for solidification of the specifications the consensus was to start now because the modifications being discussed do not represent any structural changes in the standard.
 - As part of the discussion to promote HIPAA awareness and implementation readiness it was best stated by Walter Saurez - “Think nationally and act regionally.”

Public Health Note: We too should think nationally and act regionally as we strive to promote use of national standards for public health data collection systems.